

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**



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Dear Prospective Assisted Living Facility Provider:

This letter is in response to a request for information regarding the procedure for change of ownership of an existing Assisted Living Facility. Assisted Living Facilities are required to be licensed by the State of Montana.

The following references are enclosed:

- 1) A current change of ownership license application form with explanation of fees;
- 2) *Assisted Living Application Attachment* 50-5-101 through 50-5-228, Montana Code Annotated (MCA);
- 3) *Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act*, 52-3-801 through 52-3-825, Montana Code Annotated (MCA), and *Montana Long-Term Care Residents' Bill of Rights* 50-5-1101 through 50-5-1107;
- 4) *Minimum standards for Assisted Living Facilities*, Administrative Rules of Montana (ARM) 37.106.2801 through 37.106. 2886;
- 5) *Minimum standards for Restraints, Safety Devices, Assistive Devices, and Postural Supports*, Administrative Rules of Montana (ARM) 37.106.2901 through 37.106.2908;
- 6) "One Daughter's Story" and *Assisted Living Facility Informed Consent: Safety Devices* form;
- 7) *ALU - Assisted Living University* (formally known as *Assisted Living Federation of America*, ALFA) Training System information sheet and course outline;

These additional requirements, sample forms and information are available from the Internet at:

http://www.dphhs.state.mt.us/services/applications_forms/assisted_living_personal_care.htm:

- *Food Service Establishments*, Administrative Rules of Montana (ARM) 37.110.201 through 37.110.259:
- Medicaid Waiver Home and Community Based Services Information Sheet with resource listings

Please submit the following for licensure of the facility

- ☐ A completed Change of Ownership License Application indicating the number of desired category A, B and C residents, with the appropriate fee.
- ☐ A letter of Intent to Purchase
- ☐ Projected date of purchase _____
- ☐ Indicate if the current policies and procedures governing the current facility are being purchased or if new ones are being written.
 - ☐ New policies and procedures must be submitted at least forty-five (45) days prior to expected change of ownership date for review and approval.
- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for portability conducted within the last six months. Please contact your local County Health Department for assistance.
- ☐ If the facility is not on a city sewer system please submit a copy of the local county health department septic system inspection.
- ☐ A fire inspection report from the local fire authority conducted within the last six months.
- ☐ Indicate the type of security system/locks used to secure the facility.
- ☐ Indicate if there are any structural changes and if so, submit a copy of the floor plan.
 - ☐ The floor plan of the facility can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the residents. If the bedroom has any built in obstructions (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, not from the closet back wall, to the opposite wall. Door-swing areas are not included in the available square footage of the room
- ☐ Submit proof that the administrator has:

- Successfully completed the Management Library for Administrators and Executive Directors a component of the assisted living training system published by the Assisted Living Federation of America University (ALU)
- Is enrolled in the Management Library for Administrators and Executive Directors, Assisted Living University Course – if so projected date of completion _____
- A current nursing home administrator either in Montana or from another state

37.106.2814 ADMINISTRATOR (2) (a) the administrator must hold a current Montana nursing home administrator license; or
 (b) have proof of holding a current and valid nursing home administrator license from another state; or
 (c) have successfully completed all of the self study modules of "The Management Library for Administrators and Executive Directors", a component of the assisted living training system published by the assisted living federation of America University (ALU); or
 (i) be enrolled in the self study course referenced above, with a six month successful completion;

Upon submission and approval of **ALL** aforementioned information and documentation for an Assisted Living Facility, this Bureau will issue a six (6) month to 364 day provisional license. You may not accept residents in the facility until you are licensed. A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the assisted living facility regulations. This visit is also an opportunity for you and the assisted living facility staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

If you have further questions or need assistance during the licensure process, you may contact Harry Dziak, MSW 444-0572, Ruth Burleigh, RN/BSN, Program Manager 444-1575, or the Licensure Bureau 444-2676.

Sincerely,

Roy P. Kemp
 Licensure Bureau Chief
 Quality Assurance Division

Enclosures: 7